

PATENT APPLICATION SERIAL NO. 10/518067

U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE  
FEE RECORD SHEET

12/22/2004 GFREY1 00000159 032775 10518067

01 FC:1631	300.00 DA
02 FC:1632	<del>500.00 DA</del>
03 FC:1633	200.00 DA

Adjustment date: 06/01/2005 MKAYPAGH  
12/22/2004 GFREY1 00000159 032775 10518067  
02 FC:1632 500.00 CR

06/01/2005 MKAYPAGH 00000003 032775 10518067

01 FC:1642 400.00 DA

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

<b>1 Date of Request:</b> _____		<b>2 Serial/Patent #</b> <u>10/518067</u>									
<b>3 Please refund the following fee(s):</b>		<b>4 PAPER NUMBER</b>	<b>5 DATE FILED</b>	<b>6 AMOUNT</b>							
<input checked="" type="checkbox"/>	Filing			\$ <u>100</u>							
<input type="checkbox"/>	Amendment			\$							
<input type="checkbox"/>	Extension of Time			\$							
<input type="checkbox"/>	Notice of Appeal/Appeal			\$							
<input type="checkbox"/>	Petition			\$							
<input type="checkbox"/>	Issue			\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/>	Maintenance			\$							
<input type="checkbox"/>	Assignment			\$							
<input type="checkbox"/>	Other			\$							
		<b>7 TOTAL AMOUNT OF REFUND</b>		\$ <u>100</u>							
		<b>8 TO BE REFUNDED BY:</b>									
		Treasury Check									
		Credit Deposit A/C #:									
		9 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">--</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">7</td> <td style="width: 20px; text-align: center;">7</td> <td style="width: 20px; text-align: center;">5</td> </tr> </table>			0	3	--	2	7	7	5
0	3	--	2	7	7	5					
<b>10 REASON:</b>											
<input checked="" type="checkbox"/>	Overpayment										
<input type="checkbox"/>	Duplicate Payment										
<input type="checkbox"/>	No Fee Due (Explanation):										
<b>11 REFUND REQUESTED BY:</b>											
TYPED/PRINTED NAME: <u>John Anderson</u>		TITLE: <u>Paralegal Specialist</u>									
SIGNATURE: <u>John Anderson</u>		PHONE: <u>308-9140 ext 211</u>									
OFFICE: <u>RT D/EO</u>											
*****											
THIS SPACE RESERVED FOR FINANCE USE ONLY:											
APPROVED: _____		DATE: _____									

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*